

HOWARD COUNTY GOVERNMENT
PLAN YEAR: JANUARY 1, 2019 - DECEMBER 31, 2019

PLAN OPTION & ENROLLMENT TIER	2019 FULL MONTHLY PREMIUM	2019 FULL TIME EMPLOYEE Bi weekly contribution (24 pays)	2019 PART TIME EMPLOYEE Bi weekly contribution (24 pays)
Aetna Open Choice PPO			
Employee	\$739.07	\$55.50	\$185.00
Employee & Child(ren)	\$1,293.36	\$97.50	\$323.50
Employee & Spouse	\$1,699.86	\$127.50	\$425.00
Family	\$2,106.35	\$158.00	\$527.00
Aetna Open Access Select			
Employee	\$625.98	\$31.50	\$156.50
Employee & Child(ren)	\$1,170.59	\$59.00	\$293.00
Employee & Spouse	\$1,439.75	\$72.00	\$360.00
Family	\$1,852.91	\$93.00	\$463.50
Kaiser HMO			
Employee	\$571.35	\$29.00	\$143.00
Employee & Child(ren)	\$1,085.55	\$54.50	\$271.50
Employee & Spouse	\$1,314.10	\$66.00	\$329.00
Family	\$1,714.04	\$86.00	\$429.00
Delta Dental PPO Plus			
Employee	\$33.46	\$9.00	\$9.00
Employee & Child(ren)	\$58.47	\$15.00	\$15.00
Employee & Spouse	\$76.93	\$19.50	\$19.50
Family	\$94.68	\$24.00	\$24.00
Dominion Dental ePPO			
Employee	\$13.65	\$4.00	\$4.00
Employee & Child(ren)	\$25.56	\$7.00	\$7.00
Employee & Spouse	\$25.56	\$7.00	\$7.00
Family	\$32.99	\$8.50	\$8.50

Supplemental Life Insurance	
Age on January 1st	Monthly Rate per \$1000 of coverage
under 25	\$0.050
25 - 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.090
40 - 44	\$0.100
45 - 49	\$0.190
50 - 54	\$0.330
55 - 59	\$0.430
60 - 64	\$0.660
65 - 69	\$1.270
70 +	\$2.060

Dependent Life Insurance
\$20,000 benefit on spouse
\$10,000 benefit on child(ren)
Rate is \$1.00 per pay